

17 September 2024



South Tees Hospitals
NHS Foundation Trust

Annual General Meeting

South Tees Hospitals NHS Foundation Trust



Caring
Better
Together

Welcome

from the Group Chairman

Professor Derek Bell, OBE



Today's agenda

- > Welcome**
Professor Derek Bell OBE, Group Chairman
- > Hospital at Home model**
Jill Foreman
- > Knife crime and our work to support patients and communities**
Amy Moody and Michelle Waters
- > Review of 2023/24 including highlights from the Annual Report**
Ms Stacey Hunter, Group Chief Executive
- > Quality and safety report**
Dr Michael Stewart, Group Chief Medical Officer
- > Annual Accounts 2023/24**
Mr Chris Hand, Group Chief Finance Officer
- > Membership Report**
Mrs Janet Crampton, Lead Governor
- > Questions**
Professor Derek Bell OBE, Group Chairman & Ms Stacey Hunter, Group Chief Executive



Hospital @ Home University Hospital Tees

Jill Foreman





The 'Hospital At Home' Service

- A collaboration between North and South Tees Hospitals

How we work together

- Collaboration with colleagues across the two trusts
- We started by sharing our ideas initially
- We learnt a great deal from the exceptional work by both North and South Tees Respiratory Virtual ward models of care.
- We have monthly Strategic Group meetings involving both Health and Social care colleagues across both Trusts.
- We have Quarterly Governance meetings to discuss shared learnings, incidents, new service developments.
- We visit each other's sites to see the services in action and work together
- There is lots of ongoing NEAS service development with the aim to bring Hospital at Home into the directory of services offer, utilising the push/Pull model.



Hospital at Home South Tees

- South Tees Patients are supported by a full MDT team including: a GP, Nurse, Physio or OT, Pharmacist and a team of support workers.
- The patients can be referred between 8am-6pm, 7 days per week
- Each patient is discussed at an MDT meeting and every patient gets a management plan whilst on H@H caseload.



Hospital at Home North Tees

- Patients are supported by a full MDT team including: a GP, Nurse, Physio or OT, Pharmacist, TEWV and a team of Nursing staff
- The patients can be referred between 9am-5pm, 7 days per week
- Each patient is discussed at an MDT meeting and every patient gets a management plan whilst on H@H caseload.



Case study

- 85 year old lady escalated from rapid response team asking for assessment from CCP
- Patient was referred to rapid from ED following a fall the night before, concerns re level of oedema and breathlessness also possible bony injury to wrist
- CCP assessed. Oedema evident to mid back, sacrum, abdominal and bilateral legs
- Patient declined hospital despite being informed of concerns and potential consequences
- No concerns re capacity. AMT 10/10. DNAR CPR and EHCP discussed and agreed, CCP completed
- Left wrist assessed, required X-ray to rule out bony injury. Transport arranged attended urgent care. Fractured distal radius confirmed and plaster cast in place
- Referred to CIAT for mobility assessment as now not suitable to use walking frame in home
- Diuretics increased and bloods monitored. Drop in potassium and magnesium, given replacement treatment and monitored
- Home first weighing and monitoring observations. CCP monitoring levels of oedema
- Pharmacist completed medication review
- Home first provided 4 calls per day to assist with all ADLs. Referred to social services for long-term package of care



Case study

Step up from GP



- 92 year old man seen by GP had already had 3 weeks of antibiotics for a community acquired pneumonia, refusing hospital admission, lived in bungalow, care package x3 daily
- Seen by CCP full assessment and bloods taken, NEWS 6, raised inflammatory markers with progressing anaemia
- Antibiotics changed
- Homefirst attending for NEWS x3 daily monitoring
- Further hospital investigation refused
- Initial improvement seen with reduced inflammatory markers
- Due to symptomatic anaemia agreed to blood transfusion which was arranged
- Soon began to deteriorate DNAR and EHCP agreed and complete along with prescription for anticipatory medication and reviewed by VFW GP
- Patient died day later at home with family. Death Certificate completed by VFW GP



Next steps

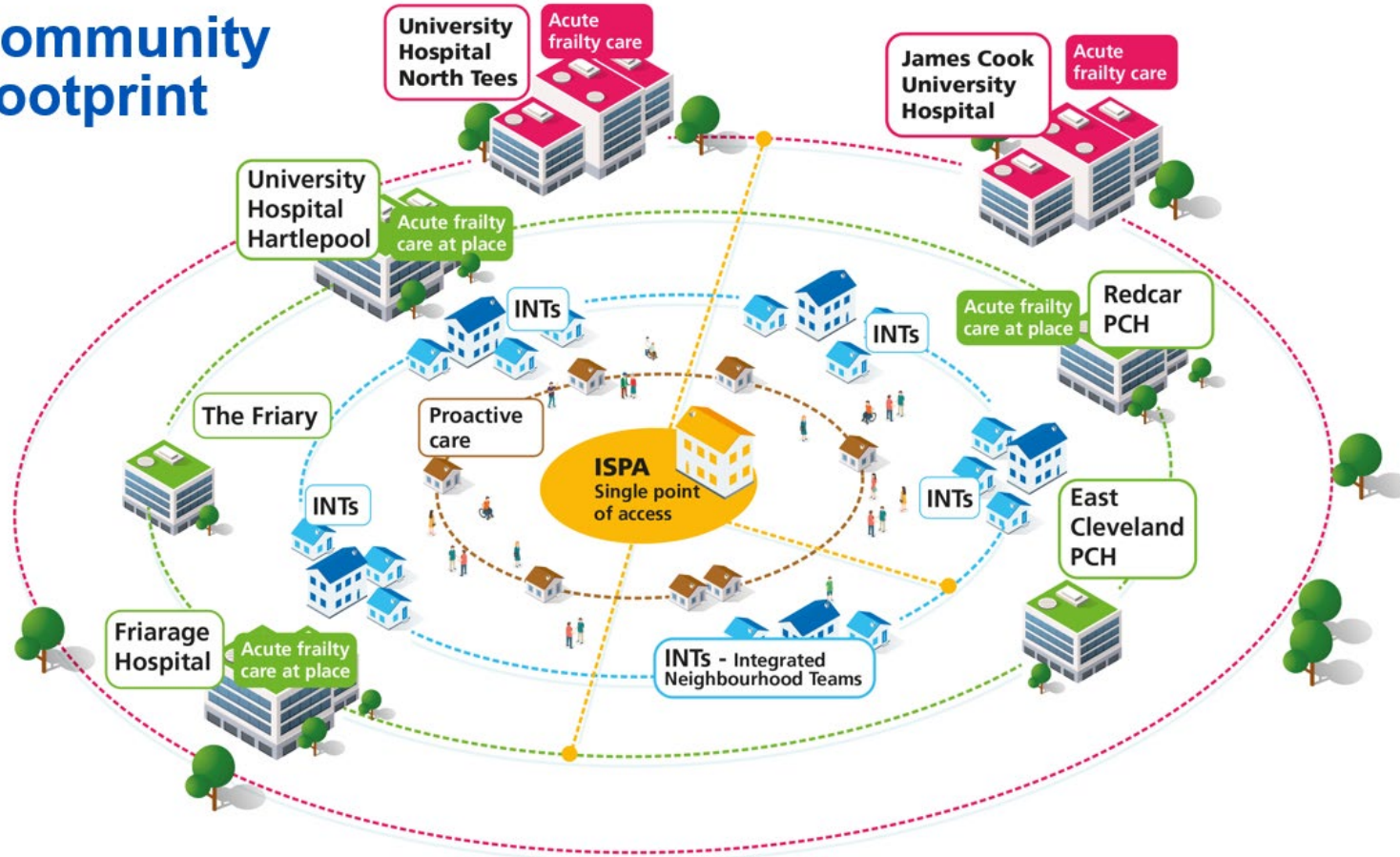
- Explore further pathways: Day Case conversions, Lung Oncology, SDEC pre surgical, podiatry high risk foot ulcer
- Pilot head injury pathway
- Collect patient level data: Questionnaire for patients to provide feedback
- Expand on digital monitoring with role out of Health Call as part of our digital infrastructure
- Looking at a Tees valley approach to monitoring of cleric



Hospital @ Home

Key to future delivery

Community Footprint



Making the most of virtual wards this winter

- 1 Maximise the use of your VW by ensuring it is **delivering the 10 core components** laid out in the VW framework
- 2 Ensure **capacity is adequately scaled alongside UCR services** to support system flow and consider **broad criteria** for admittance to the virtual ward
- 3 Focus on developing admission avoidance pathways and maximise step-up referrals. Link up with Single Points of Access (SPoA), working closely with UCR, SDEC, care homes, and 999/111, and profiling the virtual ward on the Directory of Services.
- 4 Maximise step-down referrals through **in-reach to ED and inpatient wards**. Ensure VWs are considered in hospital ward rounds and explore **developing virtual hubs** which take referrals from across hospital specialities.
- 5 Make the most of the available workforce by **aligning and supporting flexible working** across community respiratory, heart failure and UCR teams
- 6 Review patient length of stay on the virtual ward and explore if length of stay can be reduced (if clinically safe) to support improved throughput



Serious Violence Reduction Navigator (SVRN)

Amy Moody and Michelle Waters

- Serious Violence Reduction Navigator (SVRN) is relatively new.
- SVRN support service that aims to support young people aged 10-24, within South Tees Hospital.

Where it all started & how it came about

- The service has been operating in the Emergency Department of Glasgow Royal Infirmary since December 2015. It expanded in November 2016 when the Navigators started working with patients in the Emergency Department at the Royal Infirmary of Edinburgh.

The programme started at the Glasgow Royal Infirmary in December 2015 and was rolled out further to Edinburgh Royal Infirmary in 2017 and into Queen Elizabeth hospital in Glasgow and Cross House Hospital in the later part of 2018. Expansion of the programme to Ninewells is part of a wider expansion.

<https://www.gov.scot/news/violence-reduction-service-expanded>

What we know about knife crime in our area

- From August 2023 to the end of July 2024, 186 young people aged 24 and under were victims of a crime involving a knife or a bladed weapon in the Cleveland Police area.
- At least 258 of those suspected of being involved in crimes involving a knife or a bladed weapon were aged between 14 and 24, accounting for 32 per cent of all identified suspects for crimes involving a knife or a blade, and 63 young people were caught carrying a knife or bladed weapon between August 2023 and July 2024.

While the overall figure for murders with a knife or sharp object has fallen by 13%, teenagers remain disproportionately affected by knife crime and face a higher risk of murder by knife attacks than any other age group.

- Addressing the data, Patrick Green, CEO of the Ben Kinsella Trust, states, "The persistently high figures for fatal stabbings, and huge rise on figures from 10 years ago, is truly heart-breaking. Let us not forget that these figures represent real people and real lives unnecessarily lost, leaving families devastated and communities torn apart."



Statistics of the reason why SVRN's are needed in South Tees Hospital



While the overall figure for murders with a knife or sharp object has fallen by 13%, teenagers remain disproportionately affected by knife crime and face a higher risk of murder by knife attacks than any other age group. The figures below are patients that have been assessed by SVRN's in A&E.



Age	February	March	April	May	June	July	August
10 - 24	3	4	2	22	10	5	5
24 +	0	27	18	9	26	16	27

Where is Cleveland ranked in the worst hotspots for knife crime??



- Knife Crime Rate Of 17.0 Per 10,000 People.
- The police force of Cleveland deals with an extraordinarily high knife crime rate of 17.0 per 10,000 people. While this adds up to only 920 incidents across the region, this high rate of crime is of great concern, especially when considering that the rate has increased by 10% since the previous year.

Cleveland is ranked No **3**

What the aim is & intended outcome?

- The aim of the accident and emergency (A&E) navigators is to:
- Access vulnerable individuals who may be otherwise unknown to the police
- Intervene at a reachable and teachable moment
- Encourage individuals to choose a different pathway in their lives
- Prevent the escalation of violence to homicide

Intended outcome

- The intended outcomes of the A&E navigator programme are to:
- Provide increased targeted support for those experiencing serious violence
- Have an improved multi-agency and partnership approach to serious violence and homicide prevention
- A&E navigators achieve these outcomes by offering patients a point of contact that is distinct from the police or medical experts.



University Hospitals Tees



Thank you



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Review of 2023/24

including highlights from the Annual Report

Ms Stacey Hunter



Review of 2023/24



Review of 2023/24

People



Staff awards



Equality diversity and inclusion



People – staff survey

If a friend or relative needed treatment, I would be happy with the standard of care provided

70.21% ↑
2022 – 67.93%

Care of patients / service users is my organisation's top priority

73.41% ↑
2022 – 71.67%

I would recommend my organisation as a place to work

60.60% ↑
2022 – 55.57%

People – our stories



Myeloma UK Award



Specialist maternity support



Hospital at home



Performance

A&E 4 hour
target

69%

12 hour
waits

5%



reduction

65 week
waits

122

at the end of march

Cancer faster
diagnosis

78.6%



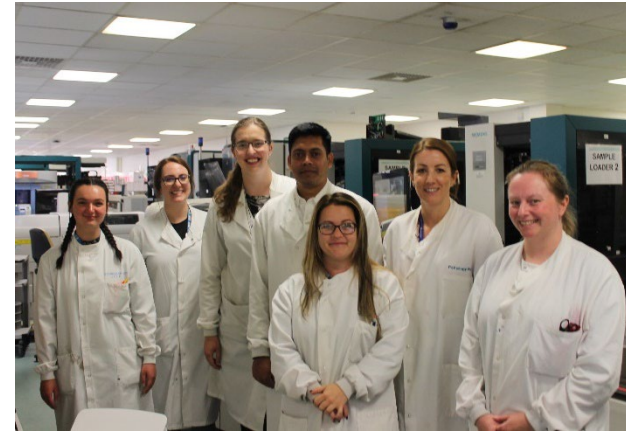
Performance



Celebrating our alcohol care team



Dedicated research centre opens its doors



Award success for blood screening project



Quality



First ever mental health midwife



New urgent care service



Liver services award



Finance



Investing in
our people
+798.4
Extra staff

**£35.5m surgical
hub development
commences in
Northallerton**

Salix bid - green



Quality and safety update

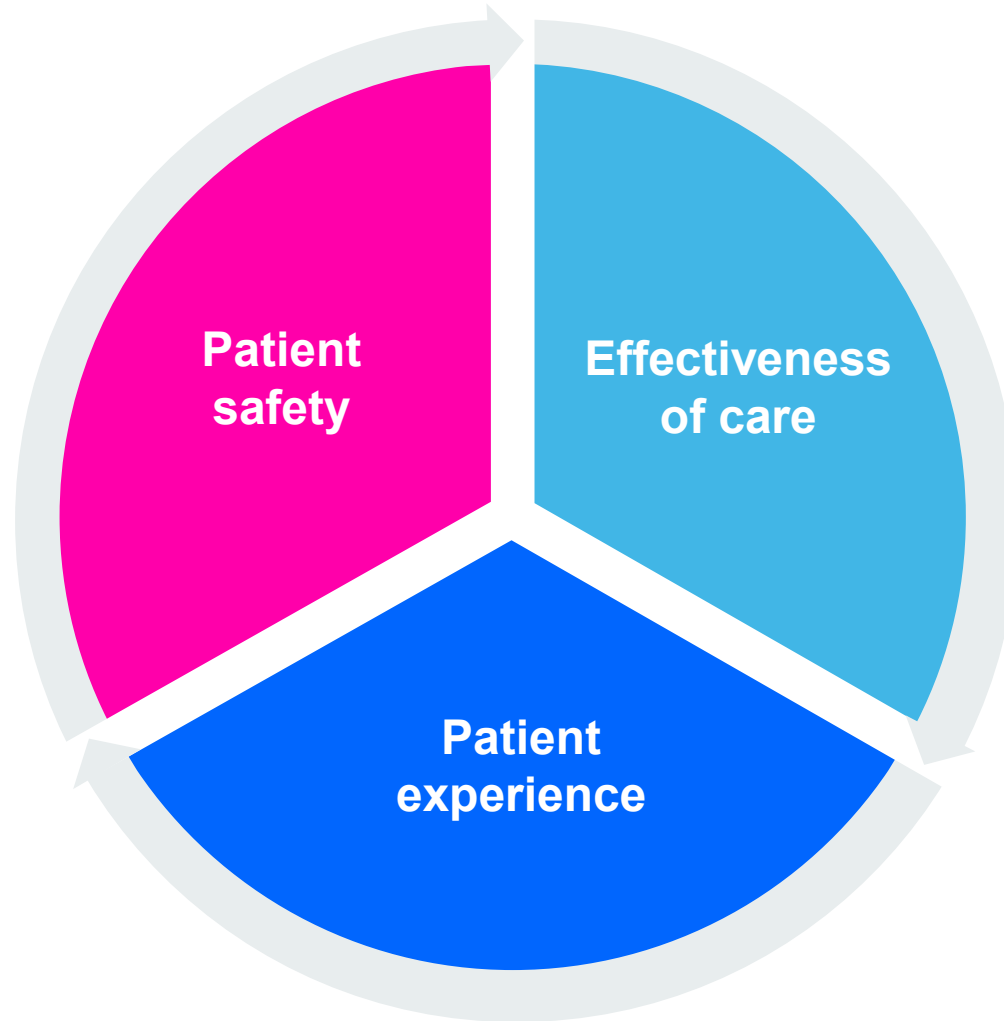
Dr Mike Stewart



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Three Dimensions of Quality



South Tees quality priorities 2023/2024 update

Quality Priorities 2023/24		
Patient Safety	Clinical Effectiveness	Patient Experience
<p>We will continue to develop a positive safety culture, in which openness, fairness and accountability is the norm.</p> <p style="text-align: right;">✓</p>	<p>We will ensure continuous learning and improved patient care from GIRFT and clinical audits.</p> <p style="text-align: right;">✓</p>	<p>We will implement the Patient Experience Strategy that has been developed in collaboration with our patients, carers and Healthwatch.</p> <p style="text-align: right;">✓</p>
<p>We will continue to optimise the Trust's ability to learn from incidents, claims and inquests to improve outcomes for our patients.</p> <p style="text-align: right;">✓</p>	<p>We will strengthen the mortality review processes, ensuring learning from deaths is triangulated and shared.</p> <p style="text-align: right;">✓</p>	<p>We will develop and implement a Mental Health Strategy to improve care and share learning for our patients who have mental ill health.</p> <p style="text-align: right;">✓</p>
<p>We will increase medication safety and optimise the benefits of ePMA.</p> <p style="text-align: right;">✓</p>		<p>We will develop and implement shared decision making and goals of care.</p> <p style="text-align: right;">✓</p>

- ✓ **3** of these priorities were delivered.
- ✓ **5** priorities were partly delivered and have been carried forward into the University Hospitals Tees 2024/25 Quality Priorities.

Patient safety culture

- **PSIRF** – Both Trusts transitioned to the Patient Safety Incident Response Framework in January 2024 with training delivered in line with the National Patient Safety Syllabus to colleagues, including the Trust Board
- **Restorative Practice Facilitators** are promoting a just and restorative learning culture
- **Family Liaisons Officer** role has been embedded across both Trusts – 70 trained FLOs to date
- **Patient Safety Partners** have been appointed across both Trusts to support compassionate engagement and codesign of services with patients, their families and carers.
- **Patient Safety Ambassadors** embedded at South Tees
- **Staff supported to speak up** and report when things go well as well as when things go wrong



Our Digital Journey

ePMA (Electronic Prescribing and Medicine Administration) and MIYA

Implementation of ePMA in the Trust commenced in June 2022 to improve clinical effectiveness and patient safety

ePMA is currently live using the Better Meds system on 51 inpatient wards and clinical areas, with plans to roll out Trustwide

- **Benefits so far;**
- Reduction in medication errors and omitted doses
- Full compliance with patient medication allergy status
- Full compliance with clinical screenings for example; Venous Thromboembolism (VTE) (blood clots) and antibiotic prescribing
- Reduction in drug interactions interventions
- **What next?**
- Continued Trustwide rollout
- Continued work to maximum utilisation of the system dashboards



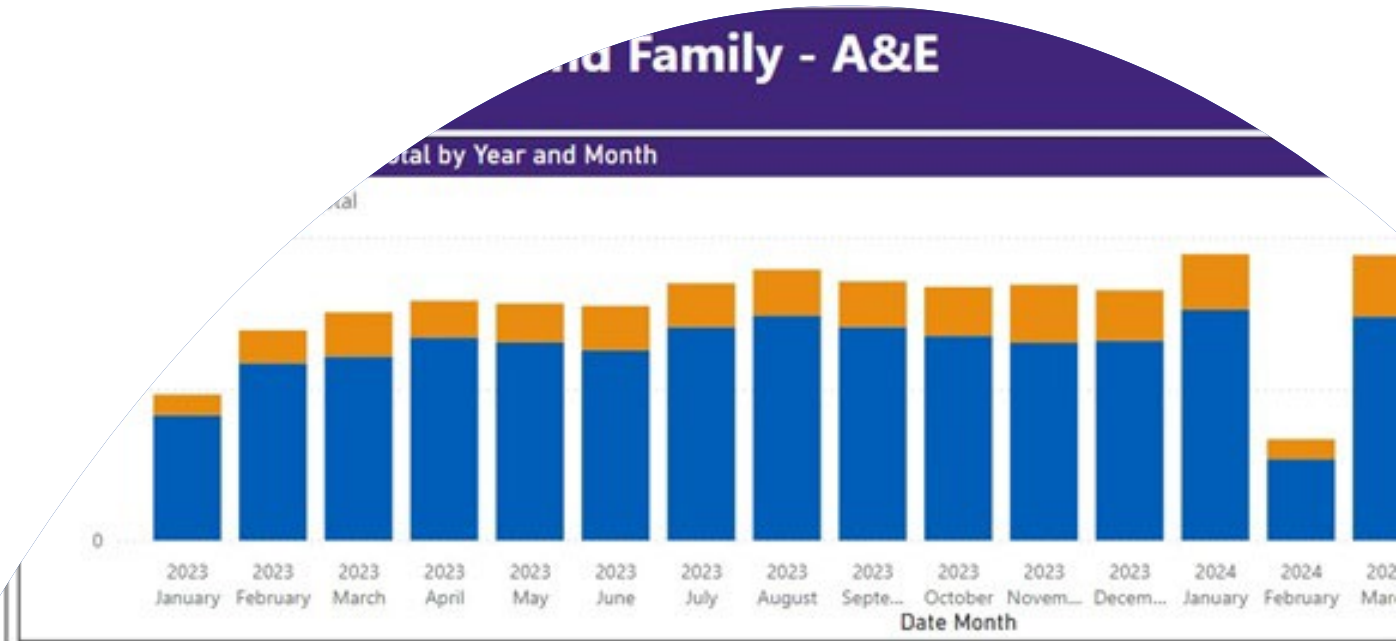
Patient experience

- The **revised complaint process** has now implemented on 1 January 2024 which is in line with the PHSO Complaint Standards Framework.
- The **Patient Involvement Bank** is increasing across both Trusts
- **South Tees FFT** – 91% of returns were very good/good and 8% very poor/poor
- The Trusts have participated in **national surveys** including the National Inpatient, National Maternity Survey, National Cancer Patient Experience Survey.
- **Activities** held involving patients and carers including
 - A leaflet workshop,
 - The Mental Health Strategy,
 - Urgent Treatment Centre interior design selection
 - Patient Engagement Portal
 - Addiction Awareness Video
 - Patient Property Boxes
 - Dementia Strategy
 - End of Life Care Strategy
 - The Ovarian Cancer Research Project Review

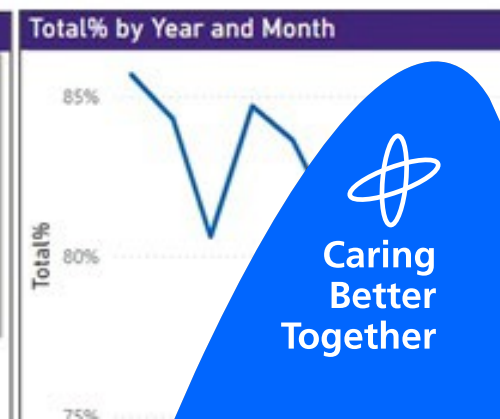


Patient Experience Dashboard

- New initiative to have overview of diverse set of metrics that captures patient experience
- Launched Aug 24



Year	Month	TotalGoodOrVeryGood	Total	Total%
2023	January	413	69	85.68%
2023	February	585	109	84.29%
2023	March	607	146	80.61%
2023	April	670	121	84.70%
2023	May	654	128	83.63%
2023	June	627	147	81.01%
2023	July	704	145	82.92%
2023	August	742	152	83.00%
2023	September	704	151	82.34%
2023	October	675	162	80.65%



Clinical effectiveness

Clinical Audit and NCEPOD

- Participation on mandated national audits, approved by HQIP and reported in the annual Quality Accounts.
- Undertaking local audits, including assurance of compliance with NICE guidance.

GIRFT

- Participation in variety of GIRFT activities
- Evidence Based Practice / Critical Appraisal
- Steering group meets monthly and has oversight of improvements and developments and participation in peer reviews

Quality surveillance programme

- Participation in SSQD quarterly submissions
- Self-declarations against service specifications
- Peer reviews and service reviews

InPhase

- Working to implement InPhase to support improved administration and reporting of Clinical Audit, NICE Guidance and CQC Evidence Collation.

Infection, Prevention & Control (IPC)

- Around 300,000 people a year in England acquire a healthcare-associated infection (HCAI) as a result of NHS care
- Up to 50% of HCAI's are preventable
- Most common – CDI, MRSA, MSSA, GNBSI's
- WHO estimates that by 2050: Antimicrobial resistance will cause 10 million deaths per year - Currently there are 700,000
- **CDI** – continued rise year on year despite actions – national increase average 50 % with no real change to organism
- **CPE** – serious public health concern - high transmission, multiple antimicrobial resistance, long term carriage and environmental



South Tees Accreditation of Quality in Care (STAQC)

A programme developed by the Trust to enable a comprehensive assessment of the quality of care provided to patients by each clinical area

- Multi professional
- Multiple points of triangulation
- Launched 2020 currently being refreshed to align with Quality Standards
- New standards include Veteran awareness

Ward and Departments achievements:



Regulation & Compliance

South Tees Hospitals NHS Foundation Trust has an overall rating of **Good**



Group quality priorities

The Group Quality Priorities for 2024/25 have been developed with clinical colleagues and shared with the Council of Governors at both North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trusts

Quality Priorities 2023/24		
Patient Safety	Clinical Effectiveness	Patient Experience
We will continue to embed our Patient Safety Incident Response Plans, developing a positive, just and restorative culture, which supports openness, fairness and accountability. Ensuring that colleagues with the right skills and competencies are involved in the relevant aspects of the patient safety response.	We will ensure learning and improved patient outcomes following implementation of best clinical practice, using data from clinical audits of compliance against evidence-based standards.	We will develop and implement a Group mental health strategy to improve care and share learning for our patients who are experiencing difficulties with their mental ill health.
We will continue to optimise the Trust's ability to respond to and learn from incidents, safeguarding concerns, claims and inquests to improve outcomes for our patients whilst embedding PSIRF.	We will review and strengthen the mortality review processes, ensuring learning from deaths is used to improve patient outcomes.	We will proactively seek patient feedback and ensure there is continuous improvement in care and treatment because of the feedback we receive.
We will improve medication and optimise the benefits of ePMA and evaluate impact on learning from medication incidents.	We will develop and implement shared decision making and goals of care.	We will respond in a timely way to complaints, supporting patients and families through difficult circumstances and implement quality improvements as a result of learning.

Annual accounts 2023/24

Mr Chris Hand



Annual accounts format

4 primary financial statements:

- Statement of Comprehensive Income (SOI)
- Statement of Financial Position (SOFP)
- Statement of Changes in Equity
- Statement of Cash Flows

Notes to the accounts, detailing:

- Accounting policies
- Operating income and expenses
- Employee expenses and pensions
- Finance costs
- Property, plant and equipment
- Current assets and liabilities

NHS Trust and Group consolidated position

Prior year comparators



Basis of preparation

Accounting requirements:

- NHS Foundation Trust Annual Reporting Manual
- Department of Health and Social Care Group Accounting Manual (DHSC GAM)
- International Financial Reporting Standards (IFRS), as adopted by NHS
- Consistent application of accounting policies, to provide a 'true and fair' view of the Trust's particular circumstances
- Prepared on a 'going concern' basis



External audit - Mazars

- Mandatory requirement for NHS foundation trusts to have an external auditor, at all times (National Health Service Act 2006).
- Appointed by the Council of Governors
- Provide an independent opinion on whether the financial statements:
 - Give a true and fair view of the financial position of the Trust and its group;
 - Have been properly prepared in accordance with the DHSC GAM; and
 - Have been properly prepared in accordance with the requirements of the NHS Act 2006.
- Report on Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources:
 - **Significant weakness identified**
(issued in a previous financial year)
Relates to October 2019 Additional Licence Condition re: financial recovery plan
Recommendation: "The Trust should continue to take action in response to the issues raised by the regulators in relation to financial planning, management and control to appropriately manage financial risk and demonstrate financial sustainability."
- Report on other legal and regulatory matters by exception, as required under the Code of Audit Practice

Unqualified opinion issued

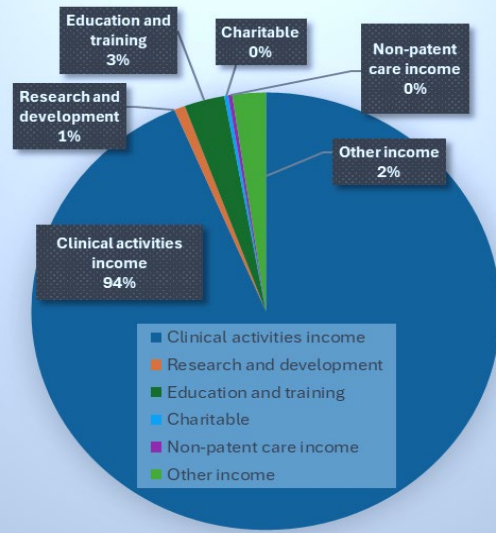
Nothing to report

Financial overview – income and expenditure

Operating income

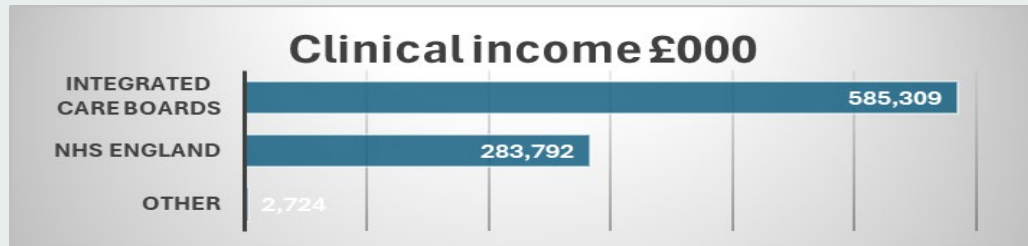
£931m

(+7.8% 22/23)



Operating Income

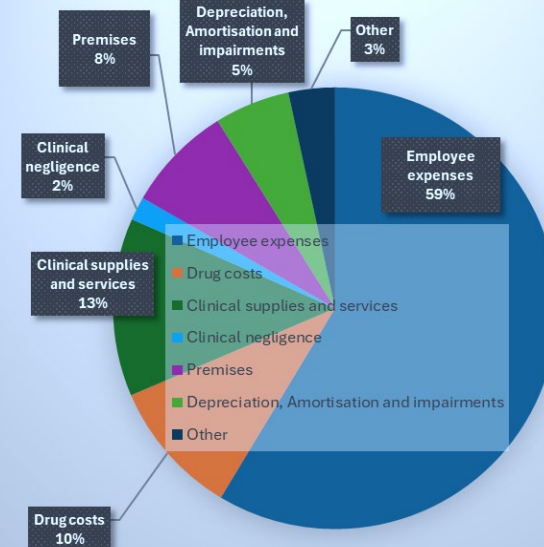
- £872m (94%) income from clinical activities



Operating expenditure

£962m

(+4.0% 22/23)



Operating Expenses

- £564m (59%) Employee costs
- £126m (13%) Clinical supplies
- £96m (10%) Drugs

• Net finance costs £27m

Financial overview – financial performance

I&E position for the year

Consolidated Group position including Charitable Funds and South Tees Healthcare Management Ltd

£57.5m deficit

Adjusted financial performance for the year:

Delivered the ICB/NHSE agreed control total for the Trust:

£23.3m deficit

Statement of comprehensive income	2023/24
	£000
Operating income	931,198
Operating expenses	(962,143)
OPERATING DEFICIT	(30,945)
Net Finance Costs	(27,142)
(Loss)/Gain on disposal	7
Corporation tax	0
Movement of fair value of other investments	586
DEFICIT FOR THE YEAR	(57,494)

Adjusted financial performance for the purposes of system achievement	2023/24
	£000
DEFICIT FOR THE YEAR	(57,495)
Remove impact of consolidating NHS charitable fund	(43)
Remove net impairments	25,380
Remove capital grants and donations	(1,118)
Remove net impact of DHSC Covid response inventories	80
Remove impact of IFRS16 on PFI liability	9,911
Adjusted financial performance	(23,285)

Financial overview – capital programme

Capital investment of c£54m during 2023/24

- £11.5m system CDEL allocation
- £6.3m PFI Lifecycle replacement
- £26.6m external PDC funding (incl Friarage Surgical Centre, JCUH UTC)

	YTD	Funding source				
	Actual £000	CDEL £000	PDC £000	PFI £000	IFRS16 £000	Donated £000
Estates	7,951	6,695	500	0	0	756
PFI	6,287	0	0	6,287	0	0
FHN Hub	15,349	987	14,362	0	0	0
JCUH UTC	10,008	0	10,008	0	0	0
CDC Hub	1,463	1,463	0	0	0	0
Property leases	1,910	0	0	0	1,910	0
Equipment	8,309	704	1,017	0	5,036	1,552
Digital	2,267	1,600	667	0	0	0
Total gross capital	53,544	11,449	26,554	6,287	6,946	2,308

Financial overview – cashflow

2023/24 closing cash balance

- £7.1m PDC Capital Cash Support
- No Revenue cash support required

£56m

Better payment practice code

Invoices paid within 30 days

95,504
(97.4%)

Statement of cashflows	2023/24
	£000
Operating cash	58,029
Cash flows from operating activities	32,591
Cash flows used in investing activities	(41,564)
Cash flows from financing activities	6,932
Closing cash	55,988

	Number	£000
Total bills paid in the year	98,034	641,585
Total bills paid within target	95,504	614,003
Percentage of bills paid within target	97.4%	95.7%

Summary

- 2023/24 Annual Accounts ‘unqualified’ external audit opinion
 - Agreed deficit financial control total delivered
- Revenue cash support not required
- Capital investment c£54m delivered
- Good performance against Better Payment Practice Code

Membership report

Mrs Janet Crampton, Lead Governor

Role of the governor (1)

Governors are responsible for holding the Non-Executive Directors individually and collectively to account for the performance of the Trust

- We have done this by seeking assurance throughout the year on operational performance and key work programmes. Areas of focus have included:
 - CQC and Quality Account
 - Recruitment and Retention and Health and Wellbeing of our People
 - Patient experience and involvement including implementation of a new complaints process
 - Fit and proper persons
 - Strategic Risks
 - Managing our resources

Role of the governor (2)

Governors are also responsible for representing the interests of members, patients and members of the public

- We have done this by:
 - providing feedback to colleagues and supporting improvements to patient access and care e.g. Digital Optimisation - kiosks, Outpatient improvement programme and participation in the patient experience group
 - attending local constituency events
 - participating in 'lived experience' forums, developing of the Patient Experience and Involvement Strategy
 - Joining Trust events



Membership changes

South Tees Hospitals NHS
Foundation Trust members:

13,890 { 4,073 public
9,817 staff

Elections

Hambleton and Richmondshire

- Noel Beal
- Bernard Borman
- Sue Young

Redcar and Cleveland

- Brian White

Staff

- Julian Wenman

Fulfilling our statutory duties

From April 2023 to date

- Approved the appointment of the Vice Chair and SID
- Approved the performance appraisal process and outcomes for the Chairman and Non-Executive Directors
- Reviewed the diversity of the Board including skills, knowledge and experience including succession plans for the Chairman, Vice Chair and the SID
- Reviewed and recommended the remuneration and terms of service for the Non Executive Directors
- Received assurance on compliance with Fit and Proper Persons
- Reviewed and approved the Constitution



Fulfilling our statutory duties in conjunction with North Tees & Hartlepool NHS Trust Council of Governors



From April 2023 to date

- Agreed the process for appointing the Non-Executive Directors to the Group Board
- Lead Governors contribution to the appointment of the Chief Executive

How to contact your governors

- The Council of Governors is supported by the Company Secretary
- You can contact any public or staff governor via the Trusts Corporate Secretariat Team on 01642 624883 or via nth-tr.corporatesecretariatdepartment@nhs.net or via our public website at stees.foundation.trust@nhs.net



Looking ahead in 2024/25



Working together as University Hospitals Tees



From hospital to community



Analogue to digital



Sickness to prevention

OUR HOSPITAL GROUP

provides services to a local population of approximately

1.85 million

We provide care from four main hospitals and deliver services from a further 10 sites.



We work with local authorities in Durham, Hartlepool, Stockton on Tees, Middlesbrough, Redcar & Cleveland and North Yorkshire.

We work in partnership with Teesside University, York University, Newcastle University, Durham University and Sunderland University.



North Tees and Hartlepool
NHS Foundation Trust



South Tees Hospitals
NHS Foundation Trust

In our hospitals...



we employ
14,700
members of staff



including more than
2,600
staff working in our community services



we have
1,495
hospital beds



and
40
operating theatres

In the past year...



we delivered
7,000
babies



we completed
7,433
video appointments



we performed
730,000
radiology images & scans



our community teams cared for
2.1 million
patients closer to home

On average, every day...



we provided
2,598
outpatient appointments



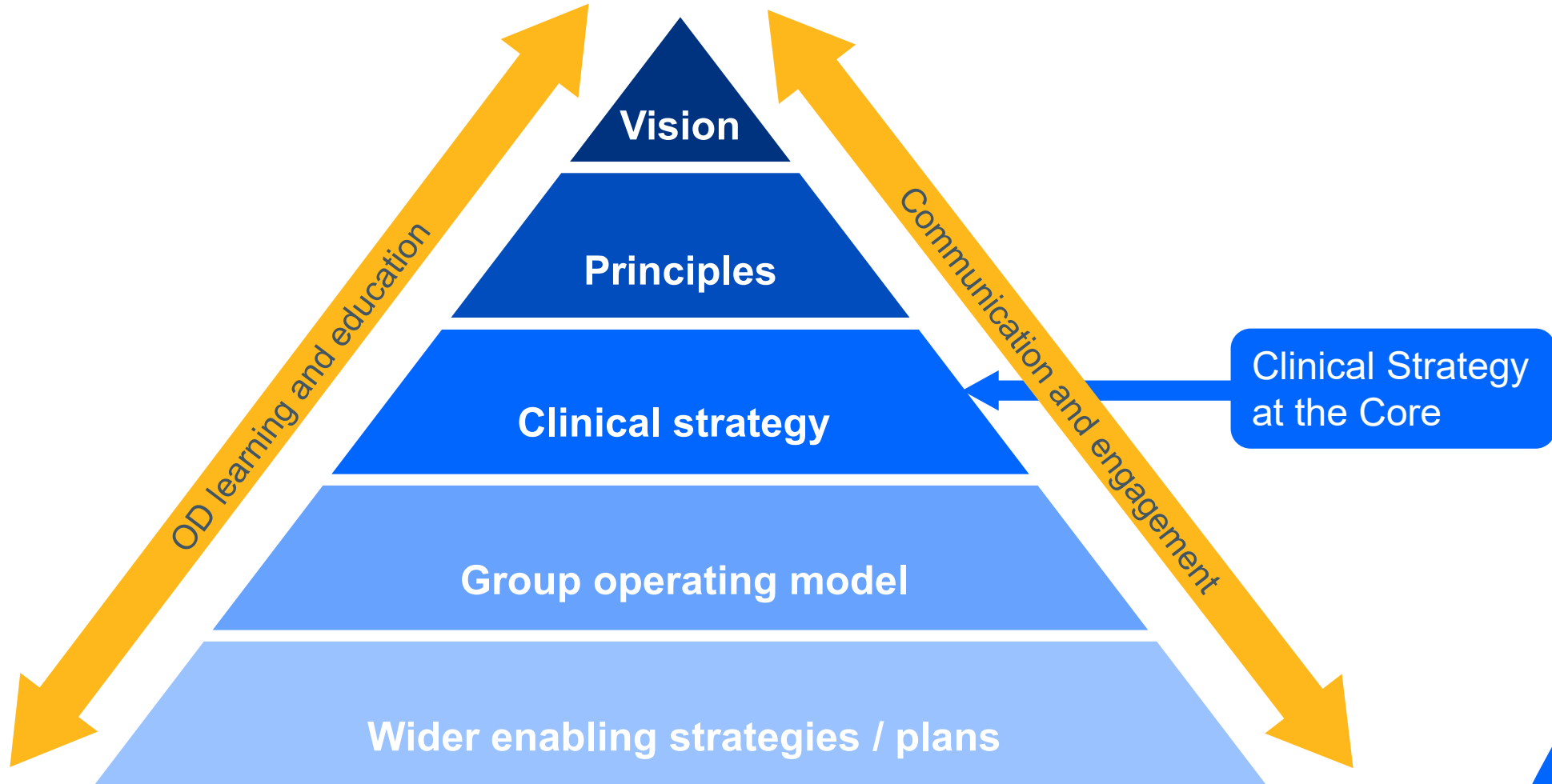
we admitted
637
people to hospital



we treated
1,010
people in our urgent and emergency care services

Working together

Our UHT strategic design approach







Questions





University Hospitals Tees



Thank you



Caring
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